DISCLOSURE

FOR INSTRUCTIONS, SEE BACK OF FORM

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FORM DR-2

(Rev. 07/2004) COMMITTEE NAME (Must be same as on Statement of Organization) REPORT For Office Use Only Comm. # 15 IMPORTANT: Indicate by # type of committee you are reporting for: Logged In \_ 🗷 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Scanned Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Computer Subdivision PAC (11) Local Ballot Issue Audited JAN 1 8 2005 CANDIDATE COMMITTEES ONLY: Candidate Name Political Party (if applicable) Late reports are subject to Bran Democratic possible civil and criminal District (if Senate or House) Office Sought penalties. 563-633-3895 1-18-05 SIGNATURE OF PERSON FILING REPORT DATE SIGNED IAMFILINGA OCT 15 TO OCT 24 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # / (report date) Local Committees, enter Date of Election INCHECK IF AMENDMENT TO REPORT DATED OF 20 205 County & Local Committees, enter County In Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. which Election is held (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ......\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ........ Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL ..... \$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....\$ \_\_\_ \*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ......\$ TOUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

FOR INSTRUCTIONS, SEE BACK OF FORM

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FORM

DISCLOSURE SUMMARY PAGE	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 07/2004)	REPORT
IMPORTANT: Indicate by # type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue	i	534
CANDIDATE COMMITTEES ONLY:		
Candidate Name  Brian H. Schoenjahr  Office Sought  State Senate  Political Party (If applicable)  Democratic  District (If Senate or House)	Late reports are possible civil an penalties.	
Jen Watron 563)633-3995	04	28,2004
SIGNATURE OF PERSON FILING REPORT TELEPHONE	DATES	IGNED
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	NON-ELECTION \ Committees, enter D y & Local Committee Election is held	ate of Election
STATEMENT OF CASH ON HAND  CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end	. 19d/	8/
committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	.\$ <u>.5/74</u>	,
ADD TOTAL MONEY TAKEN IN THIS PERIOD	166 1.1	.a =
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	. <u>14,60</u>	-
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		-
(Schedule H applies to Candidates' Committees Only)	•	
SUB-TOTAL	.\$ 18,59 14.55	16 81
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	<del></del>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	14.55	2 =
Schedule F: Loan Repayments total (Attach Schedule F)	$\sim$	
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	.\$	3/
**UNPAID BILLS (From Schedule D - Attach Schedule D)	.\$ <del>O</del>	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	.\$ 22.85	4.38
COUTSTANDING LOANS (From Schedule F - Attach Schedule F)	^	_
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)	L YE	s <u> </u>   NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	

### For Instructions, See Back of Form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

COMMITTEE NAME (Must be same as of	n Statement of Organization)
01:	Schoeniahn
CITIZENS TO	schoen Jahr

SCHEDULE	
(Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of Information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*  (if applicable)	AMOUNT RECEIVED	√ IF FOF FUND- RAISER
	NUMBER	Kay Baumgariner	, , , , , , , , , , , , , , , , , , ,		INCOME
10-19	CK#	7449 F Am Arlington, EA 50606		\$25-	
10-19	ID# CK#	Don Frazer 303 15+ Aug NE Delwein ZN 50662		25 -	
0-19	ID# CK#	Bettsey L. Bamborst 3918 Alexis Blud. Cedor Falls, EA 50613		25 -	
10-19	ID# CK#	Kathleen Neylan Elkalun SNA 52043		50 -	
10-20	ID# 9098 CK#6444	Jowa Democratic Party 5661 Fleur Drive Des Maines JA 50321		12.000	
12-21	1D# 25058 CK# 2311	Black Howk Union Council AFRECE 1695 Button Aue Water Wood, JA 50703	ひ	200 -	
15-21	ID# CK#	Susan A. Woods 65 7th Street SE Delwein IA 50662		50 -	
10-21	ID# CK#	Lerry Murphy NW 531 With Street NW Oelwein, SIA 50662		258 -	
10-21	ID# 6080 CK# 1023	IA Political Action for Condical Election PAC 4211 Brand Are Des Moines, ZA 5.		250-	
v-21	ID# 4/25 CK# 2425	Towa Realtons PAC 1370 NW 114th St. Juite 100 Clive JA 50325		1000 -	

 Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

TOTAL (if last page of this schedule)

MONETARY

SCHEDULE

#### For Instructions, See Back of Form

#### CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
	NUMBER ID#	Becerly A. Brink			INCOME
10-22	CK#	Becerly A. Brink 106 High Street NE Elkader, IA 52043		\$20-	
lo-22	ID#02089 CK#13814	Elkader, IA 52043 CWA: COPE PCC 501 3rd St NW Washington DC 2001		500 -	
10-25	ID# CK#	Washington DC 2001 Tim Burrack 8405 80th St. Arlington, JA 50606		100-	
10-25	ID# CK#	Patricia Martin 100 8. Hill St Monona, IA 52159		25 -	
10-25	ID# CK#	Mary A Klotzbach 401 3rd Ane SW Independence, IA 50644 Carolyn M. Jones 810 8th Ane NW		50 -	
10-25	ID# CK#	Carolyn M. Jones 810 8th Ane NW Independence, IA 50644		<i>3</i> 5 -	
	ID# CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	CK#				
			SUB-TOTAL	70	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2

COMMITTEE NAME (Must be same as on Statement of Organization)

FOR INSTRUCTIONS, SEE BACK OF FORM

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1 32	2		1.33
A	n nach	100	

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
<b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

	Citize	ns for Schoenjah	4	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-19	ID# CK# 10 49 ID#	Outlook Publishing Inc Po Box 310 Monona, ZA 52159	Print ads	s 126 ~
10-20	CK# Wiredow	LUC Media 15 whitsoh Place Sw Suite 201 Maneta BA 3wa	Radis Ads	12,000
10-20	CK# withdrew	Farmers Savings Bank Po Box 220 Artington TH 50606	wine transfor See	25 =
10-21	ID# CK# 1057	Edgewood Reminder PO Box 458 Edgewood EA 52042	Print Als	147 =
10-21	ID# CK# <i>105</i> 0	Part Office Water bo, Ist	Postaze	2257 E
W-24	ID# CK# 1057	IDP Senate Majority Fine 1408 Locust Des Moines Set 50309	Beneral Contribution	2005-
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	1817

# THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lowe Code 68A.402(3)(i).)

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same a	s on Statemer	nt of Organization)	
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SCHEDULE	
<b>E</b>	IN KIND
(Rev. 06/97)	CONTRIBUTIONS

CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
13/19	Jour Democratic Party (ID) Senate majority Fund 49098 Slile I Fleur Drive Des Moshy, JA 50321	N/A	Mail Design And Production	\$ 5204 <sup>25</sup>	CONTRIBUTION
10/19	IDP "909P	NIA	Bstage	1279 75	
10/21	IDP "9098	NIA	Meil Design Production	1411 74	
10/21	IDP # 9098	NIA	Postage	159953	
10/22	IDP "9098	NIA	Phoning	1817 60	
10/22	ID? 49098	NA	Medic Production Services	4500-	
10/24	IDP #9098	NIA	Medic Production Services	219-	
10/25	IDP ~9098	NIA	Phoning	47951	
10/25	IDP 49098	NIA	Moil Design Production	5043 <sup>25</sup>	
10/25	JDP 19098	N/A	Postage	127975	
			SUB-TOTAL  TOTAL (if last page of this schedule)	s 22,854 <sup>38</sup>	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consangulaity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule E)